



## EMERGENCY NOTIFICATION INFORMATION CARD

Name (Last)		First		Middle
Physical address		City	State	Zip
Mailing address (If different from physical address)		City	State	Zip
Home phone	Cell phone	Division/unit		Personnel number

### EMERGENCY MEDICAL INFORMATION (Optional)

Allergies	Medications
Physical impairments	Healthcare provider

### PRIMARY EMERGENCY CONTACT

Name Last	First	Middle	Relationship
Home phone	Cell phone	Work phone	

### SECONDARY EMERGENCY CONTACT (Optional)

Name Last	First	Middle	Relationship
Home phone	Cell phone	Work phone	

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Distribution: **ORIGINAL** - Employee Occupational Health Record  
DOC 21-357 (Rev. 7/18/19)

DOC 810.020  
Data classification category 1



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